P. 01

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Mary J Wilson	December 1, 2008.	achments are being	transmitted by facsimile to the Patent EDIT CARD PAYMENT	
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MESSAGE:	:			
In re Patent Applicat	ion of:			
HAYNES et al Serial No. 10/518,52 Filed: August 17, 20 For: IGG FC/HIV-0		ION PROTEIN		

CONFIDENTIALITY NOTE

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P. 02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty MJW-01579-0968

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C# M# **CENTRAL FAX CENTER** DEC 0 1 2008

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HAYNES et al

TC/A.U.

1648

Serial No. 10/518,523

Examiner: Humphrey, L.W.Z.

Filed:

August 17, 2005

Date: December 1, 2008

Title:

IGG FC/HIV-GP120/C3D FUSION PROTEIN

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other

signature mereon.			
☐ Correspondence Address Indication	Form Attached.		
	inus highest number	_	
previously paid for 20 (at least 20) =	9 x \$52.00 \$0.00 (1202)/\$0.00 (2202)	\$	
Independent claims after amendment 0 m	inus highest number	_	
previously paid for 3 (at least 3) =	0 x \$220.00 \$0.00 (1201)/\$0.00 (2201)	\$.	
If proper multiple dependent claims now added for fi	rst time, (ignore improper); add		
	\$390.00 (1203)/\$195.00 (2203)	\$	
Petition is hereby made to extend the current due de	ate so as to cover the filing date of this		
paper and attachment(s)	One Month Extension \$130.00 (1251)/\$65.00 (2251) Wo Month Extensions \$490.00 (1252)/\$245.00 (2252)		
Thr	ee Month Extensions \$1110.00 (1253/\$555.00 (2253)		
	Four Month Extensions \$1730.00 (1254/\$865.00 (2254)		
F	ive Month Extensions \$2350.00 (1255/\$1175.00 (2255)	\$	1110.00
Terminal disclaimer enclosed, add	\$140.00 (1814)/ \$70.00 (2814)	\$	
☐ Applicant claims "small entity" status. ☐ Stat	ement filed herewith		
Rule 56 Information Disclosure Statement Filing Fee	\$180.00 (1806)	\$	0.00
Assignment Recording Fee	\$40.00 (8021)	\$.	0.00
Other: .	•	\$	0.00
•	: TOTAL FEE	\$	1110.00

CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

MJW:tat

NIXON & VANDERHYE P.C.

By Atty: Mary J. Wilson, Reg. No. 32,955

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